

## COMMANDER'S REQUEST FOR MENTAL HEALTH EVALUATION

**SOLDIERS MAY SELF-REFER FOR TREATMENT TO THE BEHAVIORAL HEALTH CLINIC** (which does not require this form)

SOLDIER'S NAME & RANK: \_\_\_\_\_

SSN: \_\_\_\_\_ AGE: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_ GT SCORE: \_\_\_\_\_ TIME IN UNIT: \_\_\_\_\_

CURRENT UNIT ASSIGNMENT: \_\_\_\_\_

UNIT TELEPHONE: \_\_\_\_\_ 1SG: \_\_\_\_\_

### **PURPOSE OF EVALUATION:**

#### **School:**

- ☐ Sniper/SOTIC
- ☐ Recruiter
- ☐ Drill Sergeant

#### **Administrative Separation:**

- ☐ Chapter 13
- ☐ Chapter 14
- ☐ Chapter 15

#### **Command Directed Evaluation:**

- ☐ Fitness for duty
- ☐ Behavior Management
- ☐ Other

Reverse side (HFL222b) is not required for the above evaluations

Requires HFL222 **a & b** and 2 working day  
advance notification unless emergency

### **SCHEDULING:**

**ROUTINE APPOINTMENTS** - call Tricare at 800-404-4506

- (a) Administrative Separations - Ask for a "WELL" appointment
- (b) School Evaluations - Ask for a "TEST" appointment
- (c) Self-Referral - Ask for an "ACUTE" appointment
- (d) Command Directed Evaluations - See reverse side (HFL222b)

**EMERGENCY EVALUATION (Danger to self or others)**

- (a) Contact Behavioral Health Clinic directly at 253-968-2700
- (b) Escort the soldier to BHC during duty hours (0730-1530)
- (c) Escort the soldier to emergency room during non-duty hours

**COMMANDER'S COMMENTS:** Please provide information which clarifies how the evaluation will assist command.

NATURE OF THE PROBLEM(S):

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PROBLEMS WITH MILITARY PERFORMANCE: (How does soldier get along on the job, with others and with supervisor?)

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DISCIPLINARY ACTION: Previous Articles 15: No Yes Article 15 currently pending: No Yes

REHABILITATION ATTEMPTS: (list counseling in unit, transfers, and job changes)

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PREVIOUS CONTACT WITH: MENTAL HEALTH: No Yes ADAPCP: No Yes FAMILY ADVOCACY: No Yes

ESTIMATE OF RETENTION POTENTIAL: None Questionable (Low) Good Very Good

**Commander's Signature and Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_